**Plattsburgh State Women’s Lacrosse**

*Winter Indoor Girls Lax Camp*

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**Who?**
Girls, Ages 11-18 / Grades 5-12

**Where?**
Plattsburgh State Field House
167 Rugar Street, Plattsburgh, NY

**Cost?**
*January 6th Session is FREE*
All Remaining (5) Sessions - $120
OR $25 per Single Session

**When?**
Sundays: Jan. 6*, 13, 20, 27,
Feb. 3, 10; From 10am-12pm

**Participants Must Bring:**
Lacrosse Stick, Goggles / Goalie Helmets, Mouthguard, Indoor Running Shoes, Reversible Pinnie

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**Price Reduction**
All Sessions - $90
Single Session - $20

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**Camp Features:**
Each session dedicated to Stick Skills & Small-Sided Game Play (Hybrid Version of Box Lacrosse and Girls’ Field Lacrosse)

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**Plattsburgh State Women’s Lacrosse** is under the direction of **Head Coach Julia Decker**. Decker is entering a milestone tenth year coaching at the college level. Decker has coached at schools at all NCAA Division I, II, and III levels.

Decker is assisted by **Assistant Coach Kelly Wall** who is entering her first season with the Cardinals. Wall played 4 years at SUNY Brockport at attack/midfield. She is a 4x SUNYAC honoree and has earned IWLCA All-American status, among her many accolades.

2019 will be the Cardinals’ first season competing as a member of the SUNYAC and NCAA DIII. Last year was a building year for the program. The Cardinals are excited for the inaugural season to begin!

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**Mail Registration Forms to:**
Women’s Lacrosse, 101 Broad Street, Plattsburgh, NY 12901

**Checks Payable to:**
Plattsburgh State Women’s Lacrosse

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| Name: __________________________________________ | Age: ______ | Grade: ______ | Position: ______ |
| ----------------------------------------------- |  |  |  |
| Address: ______________________________________ | City: ______ | State: ______ | Zip: ______ |
| Home Phone: ____________________ | Cell Phone: ____________________ | Email: ____________________ |
| High School AND Club Team: ____________________ |  |  |  |

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**Date(s) Attending (Please Circle):**
Jan.6  Jan.13  Jan.20  Jan.27  Feb.3  Feb.10

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I, __________________________________________, hereby certify that I am the parent or legal guardian of the camper and understand and agree that Plattsburgh State Women’s Lacrosse does not provide medical insurance covering injuries of any nature. The undersigned hereby releases Plattsburgh State Women’s Lacrosse, its successors, officers, agents, and employees from any and all claims, demands and causes of actions resulting from participation in Plattsburgh State Women’s Lacrosse camps/clinics. I hereby authorize the directors of Plattsburgh State Women’s Lacrosse camps/clinics to act within their best judgment in case of an emergency requiring medical attention. Further, I agree to indemnify, defend and hold harmless Plattsburgh State from any and all claims, demands and causes of action that arise from any negligent acts, conduct or omissions attributable to the camper’s participation in the Plattsburgh State Women’s Lacrosse camps/clinics.

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Parent Signature: _____________________________ Insurance Carrier & Policy #: ___________________________